



Atty. Dkt. No. 064189-0501

*Handwritten initials/signature*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ebrahim ZANDI, et al.  
Title: COMPOSITION AND METHOD  
FOR RECONSTITUTING IKB  
KINASE IN YEAST AND  
METHODS OF USING SAME  
Appl. No.: 10/079,949  
Filing Date: 2/19/2002  
Examiner: Prouty, Rebecca E.  
Art Unit: 1652

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.  Esther Lily C. Esguerra (Printed Name)  <i>[Signature]</i> (Signature)  December 28, 2005 (Date of Deposit)
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**AMENDMENT TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the Amendment and Change of Correspondence Address in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28	-	40	=	0	x	\$50.00	=	\$0.00
Independent Claims:	5	-	6	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$450.00
EXTENSION FEE TOTAL:		\$450.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$450.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$225.00
TOTAL FEE:		\$225.00

☒ A check in the amount of \$225.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date: December 28, 2005

FOLEY & LARDNER LLP  
Customer Number: 38706  
Telephone: (650) 251-1129  
Facsimile: (650) 856-3710

Antoinette F. Konski  
Attorney for Applicant  
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